
CMS Manual System

Pub. 100-19 Demonstrations

Department of Health & Human
Services (DHHS)
Centers for Medicare & Medicaid
Services (CMS)

Transmittal 37

Date: JANUARY 20, 2006

CHANGE REQUEST 4294

SUBJECT: Revisions to CR 3816 - Low Vision Rehabilitation Demonstration

I. SUMMARY OF CHANGES: Changes pertain to CR 3816 - Low Vision Rehabilitation Demonstration. Specifically the changes include the new implementation date of April 3, 2006, change in the limits of services from 6 hours total (24 units of 15 minutes each) to 9 hours total (36 hours of 15 minutes each), identification of the 6 eligible demonstration locales, add two ICD9-CM codes that support medical necessity, and correction to terminology errors contained in CR 3816.

NEW/REVISED MATERIAL - EFFECTIVE DATE: *April 01, 2006

IMPLEMENTATION DATE: April 03, 2006

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)

(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

X	Business Requirements
	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

*Unless otherwise specified, the effective date is the date of service.

Attachment - Business Requirements

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SUBJECT: Revisions to Change Request 3816 – Low Vision Rehabilitation Demonstration

I. GENERAL INFORMATION

A. Background:

The purpose of the change request is to revise specific items within CR 3816. Specifically, the revisions will include identifying a new implementation date of April 3, 2006, identifying 6 demonstration locales that will participate in the demonstration, adding 2 ICD9-CM diagnosis codes, and corrections to terminology errors contained in the original CR 3816. For simplicity the business requirements will reflect changes in the language contained in CR 3816 since that is the original reference document.

The demonstration locales that will be participating in the demonstration are New Hampshire, New York City (all 5 boroughs), Atlanta, GA., North Carolina, Kansas, and Washington State. No other jurisdictions will be allowed to submit claims.

This change request is being submitted as an emergency because it is necessary to implement the demonstration no later than April 3, 2005.

B. Policy:

This change request will fully implement the Low Vision Rehabilitation Demonstration project described in CR 3816 including the changes contained herein.

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement

“Should” denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C H I e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4294.1	Medicare contractors shall implement these business requirements no later than April 3, 2006	X		X		X	X		X	

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4294.2	The contractors shall revise BR 3816.7.4 to read as follows. That no more than 9 hours, or 36 units (15-minutes each) of rehabilitation occurs in any consecutive 90-day period.	X		X		X	X			See CR 3816 – Low Vision Rehabilitation Demonstration
4294.3	The CWF shall revise BR 3816.7.5 to read as follows. CWF Shall create new edits for the incoming claims and the Auxiliary file where no more that 36 units of 15 minutes each (9 hrs) are billed in a 90-day period.								X	
4294.4	The contractors shall revise BR 3816.3.7 to read as follows. Claims submitted that do not indicate that the plan of care has been reviewed within the past 30-days shall be returned as un-processable (RTP for Intermediaries). Intermediaries use occurrence code 17 and date the plan of care was established or reviewed on Form CMS-1450 or electronic equivalent. Carriers use field 19 of Form CMS-1500 to document compliance. Use RA reason code B5, remark code M141.	X		X		X	X			
4294.5	The contractors shall revise BR 3816.3.8 to read as follows. Claims submitted that do not indicate that the primary residence of the beneficiary and the practice address of the billing physician, OTPP, or facility providing the service are both in the same designated demonstration locale shall be denied. Use MSN 60.13 or 60.14, Reason Code 180 or 184, as appropriate. Use Remark M115	X		X		X	X			

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4294.6	The contractors shall revise BR 3816.3.9 to read as follows. Charges incurred for all denied claims shall be the responsibility of the provider or practitioner unless condition code 32 (ABN issued-Carrier instructions) is included on the claim. Use RA reason code 96, remark code M38.	X		X		X	X			
4294.7	The contractors shall revise BR 3816.3, items #3, #5 and #6 to read as follows. 3. Claims submitted that do not identify the physician as being either an ophthalmologist (18) or optometrist (41), or an occupational therapist in private practice (67) shall be denied. Use MSN 26.4 (Carrier only), RA reason code 185. 5. Claims submitted for services rendered in any place of service other than those indicated as payable shall be denied. Use MSN 16.2 (Carrier only), RA reason code 58. 6. Claims submitted that exceed the limitation of service (no more than 36 units@ 15 minutes/90-day period) shall be rejected. CWF will create new edits to reject the incoming claim and the Auxiliary file where more than 36 units @ 15 minutes are billed in a 90 day			X			X			
4294.8	The contractors shall add the following ICD9-CM diagnosis codes that support medical necessity under Section B. “POLICY” 368.41 – scotoma involving central area 368.45 – generalized contraction or constriction	X		X		X	X			

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
F I S S	M C S					V M S	C W F			
4294.9	Contractors shall recognize the following areas as participating in the demonstration. New Hampshire, New York City (all 5 boroughs), Atlanta, GA., North Carolina, Kansas, and Washington State. Claims submitted from all other jurisdictions shall be denied. Contractors shall apply the appropriate tables of state and local zip codes to identify eligible claims.	X		X		X	X		X	

III. PROVIDER EDUCATION

None

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: NA

X-Ref Requirement #	Instructions

B. Design Considerations: NA

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: NA

D. Contractor Financial Reporting /Workload Impact: NA

E. Dependencies: NA

F. Testing Considerations: NA

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: April 1, 2006</p> <p>Implementation Date: April 3, 2006</p> <p>Pre-Implementation Contact(s):</p> <p>Jim Coan, (410) 786-9168 Sidney Trieger, (410) 786-6613</p> <p>Post-Implementation Contact(s):</p> <p>Jim Coan, (410) 786-9168 Sidney Trieger, (410) 786-6613</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</p>
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